

## Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

<input checked="" type="radio"/>	<b>Yes. This waiver provides participant direction opportunities.</b> Complete the remainder of the Appendix.
<input type="radio"/>	<b>No. This waiver does not provide participant direction opportunities.</b> Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

<input checked="" type="radio"/>	<b>Yes. The State requests that this waiver be considered for Independence Plus designation.</b>
<input type="radio"/>	<b>No. Independence Plus designation is not requested.</b>

### Appendix E-1: Overview

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

The DDA has established a service delivery model in which a participant may direct his or her own services or appoint a ~~n-authorized representative~~designated representative to direct on their behalf known as the Self-Directed Service Model. The DDA offers the Self-Directed Service Model for participants, or their ~~authorized~~designated representative, capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.

**(a) Nature of Opportunities Afforded to Participants under the Self-Directed Service Model**

Under the Self-Directed Service Model, a participant, or his/her ~~authorized~~designated representative will have Employer and Budget Authorities over specific services as the employer of record. This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations. In addition, the participant or his/her ~~authorized~~designated representative will have the responsibility and authority to manage his or her approved annual budget.

In the Self-Directed Service Model, participants or his/her ~~authorized~~designated representative will have opportunities to:

1. Identify goals to support a trajectory for a good life in consideration of the Life-Course Framework;
2. Choose, set wages (within reasonable and customary range) and the DDA-approved annual budget, and schedule workers,
3. Train, manage, and discharge workers;

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4. Identify needed supports and services to support their Person-Centered Plan (PCP) in accordance with their approved annual budget;
5. Control and manage a budget ~~of up to \$25,000~~ annually for the purchase of services and supports as specified in their PCP; and
6. Use a Support Broker to assist with employer responsibilities and a Fiscal Management Services provider (FMS) to assist with budget and payment responsibilities.

(b) **How Participants May Enroll in the Self-Directed Service Model**

The DDA will provide information about its Self-Directed Service Model to all participants and their families or ~~authorized designated~~ representatives (as applicable). If the participant is interested in the Self-Directed Service Model as the delivery model for services, then he or she will work with his or her Coordinator of Community Services (CCS), along with a Support Broker, if identified to organize his/her team, ~~to~~ develop a PCP and request enrollment in the Self-Directed Service Model.

~~Criteria for participation in the Self-Directed Service Model, the DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her authorized designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.~~ The CCS with input from the team will share information with the participant about the rights, risks, and responsibilities of managing his/her own ~~care~~ services and managing and using an individual budget. This process is documented with the Self-directed Services Agreement to indicate the participant or his or her designated representative is capable of making informed decisions such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authorities.

(c) **Support by Entities for Participants in the Self-Directed Service Model**

The following entities will provide support services to participants in the Self-Directed Service Model: CCS, Advocacy Specialists, Support Brokers, and FMS.

The CCS will provide supports that enable the participant to identify and address how to meet his or her needs and goals, including but not limited to:

1. Provide information to the participant to support informed decisions about what service design and delivery (Self-Directed Services versus Traditional Services) will work best for the participant and their support network in accordance with their needs and goals;
2. Explain roles and responsibilities and Support Broker and FMS available supports in the Self-Directed Service Model;
3. Provide information related to self-directed waiver service options, Support Brokers, and FMS services and providers for the participant to choose;
4. Facilitate the timely development and revision to the Person-Centered Plan and budget designed to meet the individual's needs, preferences, goals, and outcomes in the most integrated setting and in the most cost effective manner;
5. Provide information, make referrals, and assist participants with applications for services provided by community organizations, federal, State and local programs and community activities; and
6. Monitoring the provision of services and conducting related follow-up activities.

Advocacy Specialists self-directing services support include:

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1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
2. Facilitate and build relationships with self-advocates, self-advocacy groups and providers.
3. Support other self-advocates to learn about and understand DDA services;
4. Provide general support to people receiving services from DDA; and
5. Develop and conduct additional topic specific training that meets the needs of Self-Advocates in their regions such as cyber bullying and using technology.

Support Broker services are provided to participants who elect to self-direct their own services and are designed to assist participants (or their ~~authorized-designated~~ representative) with the human resources employer-related functions necessary for successful self-direction. This includes an initial introductory orientation related to the “employer of record”, Department of Labor, and applicable federal, State and local employment requirements; development of staff policies, procedures, schedules, and back up plan strategies; and recruitment, advertising, and interviewing potential staff.

Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies. Support Brokers do not make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.

Support Broker services are an optional service and not required.

The FMS are designed to assist the participant with employer and budget related accounting and payroll functions as per federal, State, and local laws, regulations, and policies necessary for successful self-direction. The FMS assist the participant in financial transactions and managing legal employment requirements and employer related functions including:

1. Performing as the participant’s agent such employer responsibilities as verifying provider qualifications;
2. Facilitating the employment of staff by the participant or ~~authorized-designated~~ representative;
3. Managing and directing the disbursement of funds;
4. Processing payroll, withholding federal, State, and local tax and making tax payments to appropriate tax authorities;
5. Performing fiscal accounting processes; and
6. Making and sharing expenditure reports with the participant, their ~~authorized-designated~~ representative, and State authorities.

- b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

- |                       |  |
|-----------------------|--|
| <input type="radio"/> | <b>Participant – Employer Authority.</b> As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant’s representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority. |
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<input type="radio"/>	<b>Participant – Budget Authority.</b> As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant’s representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="radio"/>	<b>Both Authorities.</b> The waiver provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

c. **Availability of Participant Direction by Type of Living Arrangement.** Check each that applies:

<input checked="" type="checkbox"/>	<b>Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.</b>
<input type="checkbox"/>	<b>Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.</b>
<input checked="" type="checkbox"/>	<b>The participant direction opportunities are available to persons in the following other living arrangements</b> <i>Specify these living arrangements:</i> Participant direction opportunities are available to participants who live with other individuals under a lease.

d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (select one):

<input type="radio"/>	<b>Waiver is designed to support only individuals who want to direct their services.</b>
<input checked="" type="radio"/>	<b>The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.</b>
<input type="radio"/>	<b>The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.</b> <i>Specify the criteria</i>

e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant’s representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

The Coordinator of Community Services (CCS) of each participant is responsible for providing the participant and his/her representative information about available waiver services and delivery models, including the DDA’s Self-Directed Service Model. The CCS provides information on availability of services, benefits, responsibilities, and liabilities associated with participation in the Self-Directed Service Model. The CCS provides this information during the initial meeting, the annual Person-Centered Planning Meeting, and upon request.

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The DDA also provides information about its Self-Directed Service Model via webinars, workshops, conferences, and upon request.

- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

<input type="radio"/>	<b>The State does not provide for the direction of waiver services by a representative.</b>
<input checked="" type="radio"/>	<b>The State provides for the direction of waiver services by representatives.</b> Specify the representatives who may direct waiver services: ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a legal representative of the participant.</b>
<input checked="" type="checkbox"/>	<p><b>Waiver services may be directed by a non-legal representative freely chosen by an adult participant.</b> Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:</p> <p>A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) may authorize a non-legal representative to direct services on their behalf as documented in the participant's Person-Centered Plan (PCP).</p> <p>To ensure the use of a non-legal representative to direct services is in the best interest of the participant, the following criteria must be documented in the participant's PCP:</p> <ol style="list-style-type: none"> <li>1. Choice of <del>provider-individual</del> truly reflects the participant's wishes and desires;</li> <li>2. The provision of services by the non-legal representative is in the best interests of the participant;</li> <li>3. The provision of <del>service-support</del> by the non-legal representative is appropriate and based on the participant's identified support needs; and</li> <li>4. An <del>Authorized-Designated</del> Representative form that establishes the non-legal representative to direct services on the participant's behalf is completed in accordance with applicable federal and State laws and regulations governing the program.</li> </ol>

- g. **Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. (*Check the opportunity or opportunities available for each service*):

Participant-Directed Waiver Service	Employer Authority	Budget Authority
Assistive Technology and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Development Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Day Habilitation</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Discovery & Customization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Employment Services</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Environmental Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family and Peer Mentoring Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Caregiver Training & Empowerment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual and Family Directed Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurse Consultation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Health Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Case Management and Delegation Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Education, Training, and Advocacy Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Broker Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supported Employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

<input checked="" type="radio"/>	<b>Yes. Financial Management Services are furnished through a third party entity.</b> <i>(Complete item E-1-i).</i> Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	<b>Governmental entities</b>
<input checked="" type="checkbox"/>	<b>Private entities</b>
<input type="radio"/>	<b>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.</b> <i>Do not complete Item E-1-i.</i>

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as the waiver service specified in Appendix C-1/C-3 <b>The waiver service entitled:</b>
<input checked="" type="radio"/>	<b>FMS are provided as an administrative activity.</b> <b><i>Provide the following information</i></b>
<b>i.</b>	<b>Types of Entities:</b> Specify the types of entities that furnish FMS and the method of procuring these services: Currently approved DDA FMS providers must be certified by the DDA as an Organized Health Care Delivery Systems (OHCDS) in accordance with applicable State regulations. The State will be issuing a new Request for Proposal (RFP) anticipated to be released in <del>November 2018</del> <b>Summer of 2019</b> to identify a new FMS. Agencies interested in becoming the FMS must

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	submit a proposal in response to the RFP and be selected. A new provider is anticipated to begin in <del>March 2018</del> <u>January 2020</u> .																		
ii.	<p><b>Payment for FMS.</b> Specify how FMS entities are compensated for the administrative activities that they perform:</p> <p><u>Current</u> FMS establishes a fee schedule which is included in the approved proposal/contract with the DDA and the fees are billed as administrative claims. FMS fees range based on the participant's number of employees and/or vendors (low, medium, and high usage) and typically range between 6%-10% of a participant's overall budget</p>																		
iii.	<p><b>Scope of FMS.</b> Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>):</p> <p>Supports furnished when the participant is the employer of direct support workers:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Assists participant in verifying support worker citizenship status</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Collects and processes timesheets of support workers</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> <b>Other</b>  <i>Specify:</i>  Employer and Budget Authorities tasks including but not limited to: <ol style="list-style-type: none"> <li>1. Assisting with verifying provider qualifications including certifications, trainings and licensing requirements;</li> <li>2. Managing and directing the disbursement of funds contained in the participant-directed budget;</li> <li>3. Conducting background checks;</li> <li>4. Acting as a neutral bank, receiving and disbursing public funds and tracking and reporting on the participant's budget funds (received, disbursed, and any balances);</li> <li>5. Processing and paying invoices for goods and services approved in the service plan; and</li> <li>6. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, their CCS, DDA, and other entities as requested.</li> </ol> </td></tr> </table> <p>Supports furnished when the participant exercises budget authority:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Maintains a separate account for each participant's participant-directed budget</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes and pays invoices for goods and services approved in the service plan</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> <b>Other services and supports</b>  <i>Specify:</i>  A. FMS assists the participant or <del>authorized designated</del> representative to: <ol style="list-style-type: none"> <li>1. Manage and direct the disbursement of funds contained in the participant-directed budget;</li> </ol> </td></tr> </table>	<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>	<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>	<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>	<input checked="" type="checkbox"/>	<b>Other</b> <i>Specify:</i> Employer and Budget Authorities tasks including but not limited to: <ol style="list-style-type: none"> <li>1. Assisting with verifying provider qualifications including certifications, trainings and licensing requirements;</li> <li>2. Managing and directing the disbursement of funds contained in the participant-directed budget;</li> <li>3. Conducting background checks;</li> <li>4. Acting as a neutral bank, receiving and disbursing public funds and tracking and reporting on the participant's budget funds (received, disbursed, and any balances);</li> <li>5. Processing and paying invoices for goods and services approved in the service plan; and</li> <li>6. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, their CCS, DDA, and other entities as requested.</li> </ol>	<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant's participant-directed budget</b>	<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b>	<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>	<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>	<input checked="" type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i> A. FMS assists the participant or <del>authorized designated</del> representative to: <ol style="list-style-type: none"> <li>1. Manage and direct the disbursement of funds contained in the participant-directed budget;</li> </ol>
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	<ol style="list-style-type: none"> <li>2. Facilitate the employment of staff by the participant or <del>authorized</del> <u>designated</u> representative, by performing as the participant's agent such employer responsibilities as verifying provider qualifications, processing payroll, withholding Federal, State, and local tax and making tax payments to appropriate tax authorities; and</li> <li>3. Perform fiscal accounting and make expenditure reports to the participant or family and State authorities.</li> </ol> <p>B. Employer Authority tasks such as:</p> <ol style="list-style-type: none"> <li>1. Assisting the participant in verifying workers' citizenship or legal alien status (e.g., completing and maintaining a copy of the BCIS Form I-9 for each support service worker the participant employs);</li> <li>2. Assisting the participant to verify provider certifications, trainings and licensing requirements;</li> <li>3. Conducting criminal background checks;</li> <li>4. Collecting and processing timesheets of support workers;</li> <li>5. Operating a payroll service, including process payroll, withholding taxes from workers' pay, filing and paying Federal (e.g., income tax withholding, FICA and FUTA), state (e.g., income tax withholding and SUTA), and, when applicable, local employment taxes and insurance premiums; and</li> <li>6. Distributing payroll checks</li> </ol> <p>C. Budget Authority tasks such as:</p> <ol style="list-style-type: none"> <li>1. Acting as a neutral bank, receiving and disbursing public funds, tracking and reporting on the participant's budget funds (received, disbursed and any balances);</li> <li>2. Maintaining a separate account for each participant's participant-directed budget;</li> <li>3. Tracking a participant funds, disbursements and balancing participant funds;</li> <li>4. Processing and paying invoices for goods and services approved in the service plan; and</li> <li>5. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, DDA, and other entities as requested.</li> </ol> <p>D. Additional Functions/activities such as:</p> <ol style="list-style-type: none"> <li>1. Receiving and disbursing funds for the payment of participant-directed services as specified in authorized plan;</li> <li>2. Providing periodic reports of expenditures and the status of the participant-directed budget as requested;</li> <li>3. Ensuring compliance with federal and State tax laws and employee wage and hour laws by appropriately managing withholdings, tax payments, and payment for workers' compensation; and</li> <li>4. Filing annual federal and State reports.</li> </ol>						
	<p>Additional functions/activities:</p> <table border="1"> <tr> <td data-bbox="331 1675 396 1751"><input type="checkbox"/></td> <td data-bbox="396 1675 1477 1751"><b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b></td> </tr> <tr> <td data-bbox="331 1751 396 1827"><input checked="" type="checkbox"/></td> <td data-bbox="396 1751 1477 1827"><b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b></td> </tr> <tr> <td data-bbox="331 1827 396 1904"><input checked="" type="checkbox"/></td> <td data-bbox="396 1827 1477 1904"><b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b></td> </tr> </table>	<input type="checkbox"/>	<b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b>	<input checked="" type="checkbox"/>	<b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b>	<input checked="" type="checkbox"/>	<b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b>
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	<input type="checkbox"/> <b>Other</b> <i>Specify:</i>
iv.	<p><b>Oversight of FMS Entities.</b> Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p>FMS are required to obtain annual independent financial audits.</p> <p>On an annual basis, the DDA will conduct a representative sample review of Self-Directed Services participants' budgets, billing, and payments.</p> <p>If there are concerns about billing, the FMS provider may be referred to DDA and <b>OHS</b> <b>OLTSS</b> auditing staff or to the Department's Office of the Inspector General. A referral may also be made to Maryland's Medicaid Fraud Control Unit, which may conduct audits when there is a strong likelihood of fraud.</p>

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input checked="" type="checkbox"/>	<p><b>Case Management Activity.</b> Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.</p> <p><i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:</i></p> <p>Whether a participant is enrolled in Self-Directed Services or Traditional Services, Coordinators of Community Services (CCS) support participants, their families, and <del>authorized-designated</del> representative with all of their complexity, strengths, and unique abilities to achieve self-determination, independence, productivity, integration, and inclusion in all facets of community life across the lifespan. This includes learning about options under the DDA's Self-Directed Service Model, planning for the participant's future, and accessing needed services and supports. The CCS promotes services that are planned and delivered in a manner that encourages self-sufficiency, health and safety, meaningful community participation, and the participant's desired quality of life.</p>	
<input checked="" type="checkbox"/>	<p><b>Waiver Service Coverage.</b> Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):</p>	
	<b>Participant-Directed Waiver Service</b>	<b>Information and Assistance Provided through this Waiver Service Coverage</b>
	Support Broker Services	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<p><b>Administrative Activity.</b> Information and assistance in support of participant direction are furnished as an administrative activity.</p> <p><i>Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the</i></p>	

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	<i>entities that furnish these supports; and (e) the entity or entities responsible for assessing performance.</i>

**k. Independent Advocacy** (*select one*).

<input type="radio"/>	<b>No. Arrangements have not been made for independent advocacy.</b>
<input checked="" type="radio"/>	<p><b>Yes.</b> Independent advocacy is available to participants who direct their services.</p> <p><i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i></p> <p>Independent Advocacy Specialists:</p> <ol style="list-style-type: none"> <li>1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State.</li> <li>2. Provide feedback to DDA staff on communications with individuals receiving DDA community based services.</li> <li>3. Build relationships with self-advocates, self-advocacy groups and providers.</li> <li>4. Support other self-advocates to learn about and understand DDA services.</li> <li>5. Provide general support to people receiving services from DDA.</li> <li>6. Develop and conduct additional training that meets the needs of Self-Advocates in their regions.</li> </ol> <p>Advocates participate in various DDA trainings, committees, and workgroups; provide one-to-one information and technical assistance; provide one-to-one advocacy services; and make frequent contact with Coordinators of Community Service in order to assist participants seeking advocacy services related to self-direction.</p> <p><b>PARTICIPANT ACCESS</b></p> <p>Participants may contact the independent advocates via telephone or email or at trainings to avail themselves of advocacy services. The independent advocates are available to provide assistance to address an issue of concern, training, technical assistance, and advocacy services to participants currently directing their own services or interested in self-directing their services. The independent advocates provide information, technical assistance, and advocacy via the internet, telephone, or in person as requested.</p>

**l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

The participant or his or her ~~authorized-designated~~ representative may choose to terminate the participant's enrollment in the Self-Directed Services Model at any time without cause in order to receive services under the Traditional Services delivery model, directly from a licensed provider. In order to terminate participation in the Self-Directed Service Model and transition to the Traditional Services delivery model, the participant, or his or her ~~authorized-designated~~ representative, must notify the participant's Coordinator of Community Services (CCS). The CCS will assist the participant in transitioning to the Traditional Services delivery model and selecting licensed provider(s) to provide services. The CCS shall work with the participant, his or her ~~authorized-designated~~ representative, and his or her family to develop a transition plan to include strategies to ensure service continuity and assure the participant's health and welfare.

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- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

While enrolled in the Self-Directed Service Model, participants and their authorized-designated representatives are required to comply with all applicable federal, State, and local laws, regulations, and waiver policies and procedures.

The DDA has the authority to restrict the availability of services under the Self-Directed Service Model or to terminate the participant's enrollment in Self-Directed Service Model if one of the following circumstances occurs:

- 1) The participant no longer meets eligibility criteria for the waiver;
- 2) The participant's PCP has not been implemented or approved and the participant does not receive services under the Self-Directed Services Model for 90 days or more with the exception of extenuating circumstances;
- 3) The health, safety, or welfare of the participant is compromised by continued participation in the Self-Directed Service Model;
- 4) The rights of the participant are being compromised;
- 5) Failure of the participant or the participant's authorized-designated representative to comply with any applicable federal, State, or local law, regulation, policy, or procedure; or
- 6) Failure of the participant or the participant's authorized-designated representative to manage funds within the DDA-approved annual budget, including expending or attempting to expend funds inconsistent with the DDA-approved annual budget.

In the event the DDA restricts or terminates the participant's enrollment in the Self-Directed Service Model in accordance with this section, the DDA shall inform the participant, his or her authorized-designated representative, his or her Coordinator of Community Service (CCS), and the FMS in writing. This notice shall include: (1) the date and basis of the DDA's determination; and (2) the participant's right to a Medicaid Fair Hearing as described in Appendix F.

The CCS shall work with the participant, his or her authorized-designated representative, and his or her family to develop a transition plan to include strategies to ensure service continuity and assure the participant's health and welfare.

- n. Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1		100

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<b>Year 2</b>		200
<b>Year 3</b>		300
<b>Year 4</b>		325
<b>Year 5</b>		350

### Appendix E-2: Opportunities for Participant-Direction

**a. Participant – Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

**i. Participant Employer Status.** Specify the participant’s employer status under the waiver. *Select one or both:*

	<p><b>Participant/Co-Employer.</b> The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.</p> <p>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff:</p>
<input checked="" type="checkbox"/>	<p><b>Participant/Common Law Employer.</b> The participant (or the participant’s representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.</p>

**ii. Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	<b>Recruit staff</b>
<input type="checkbox"/>	<b>Refer staff to agency for hiring (co-employer)</b>
<input checked="" type="checkbox"/>	<b>Select staff from worker registry</b>
<input checked="" type="checkbox"/>	<b>Hire staff (common law employer)</b>
<input checked="" type="checkbox"/>	<b>Verify staff qualifications</b>
<input checked="" type="checkbox"/>	<p><b>Obtain criminal history and/or background investigation of staff</b></p> <p>Specify how the costs of such investigations are compensated:</p> <p>Criminal background checks are paid for by the DDA.</p>
<input checked="" type="checkbox"/>	<b>Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff duties consistent with the service specifications in Appendix C-1/C-3.</b>

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<input checked="" type="checkbox"/>	<b>Determine staff wages and benefits subject to applicable State limits</b>
<input checked="" type="checkbox"/>	<b>Schedule staff</b>
<input checked="" type="checkbox"/>	<b>Orient and instruct-staff in duties</b>
<input checked="" type="checkbox"/>	<b>Supervise staff</b>
<input checked="" type="checkbox"/>	<b>Evaluate staff performance</b>
<input checked="" type="checkbox"/>	<b>Verify time worked by staff and approve time sheets</b>
<input checked="" type="checkbox"/>	<b>Discharge staff (common law employer)</b>
<input type="checkbox"/>	<b>Discharge staff from providing services (co-employer)</b>
<input type="checkbox"/>	<b>Other</b> Specify:

**b. Participant – Budget Authority** Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

- i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

<input checked="" type="checkbox"/>	<b>Reallocate funds among services included in the budget</b>
<input checked="" type="checkbox"/>	<b>Determine the amount paid for services within the State's established limits</b>
<input checked="" type="checkbox"/>	<b>Substitute service providers</b>
<input checked="" type="checkbox"/>	<b>Schedule the provision of services</b>
<input checked="" type="checkbox"/>	<b>Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Identify service providers and refer for provider enrollment</b>
<input checked="" type="checkbox"/>	<b>Authorize payment for waiver goods and services</b>
<input checked="" type="checkbox"/>	<b>Review and approve provider invoices for services rendered</b>
<input type="checkbox"/>	<b>Other</b> Specify:

- ii. Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

A participant's self-directed budget will be determined annually through a person-centered planning process and demonstrated assessed need that offers budget flexibility while ensuring that the amount of the self-directed budget is not greater than the cost of traditional services for that individual. The participant's self-directed budget will encompass all services in their plan and will be presented as part of the person centered planning process.

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The DDA will use the following approach for determining a participant's self-directed budget:

1. The Coordinator of Community Services (CCS) and team will assess the needs of the participant through a person-centered planning process;

~~2. For Community Development Services and Supported Employment services, the budget will also be based on the Individual Indicator Rating Scale (IRS) which is used to assess an individual's level of health/medical and supervision/assistance needs. The IRS assessment results in an IRS matrix level which is then translated into an individual budget using rates for Community Development Services and Supported Employment;~~

~~3.2.~~ The CCS and Team will develop a Person-Centered Plan to meet those needs and service request (expressed in service units and cost reimbursement services); and

~~4.3.~~ A dollar value will be assigned to the plan using the ~~traditional~~ [Traditional service delivery system model](#), ~~payment rates less an appropriate administrative fee to cover the cost of the Fiscal Management Services (FMS).~~

Information regarding the budget methodology for participant-directed budgets will be made available to the public via the federally approved waiver application, regulations, and a new self-directed services manual. [The new manual is anticipated to be released in the spring 2019.](#)

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The Coordinator of Community Services (CCS) will share information about the waiver program to include the various services and supports and budget cap. Once the PCP is completed, the DDA reviews and authorizes the plan based on the participant's needs. The DDA sends notice to the participant of their authorized budget.

Participants are informed of the amount of their budget during the service plan development process. The self-directed budget is created from the person-centered planning process utilizing a cost detail and budgeting tool. Services to meet identified needs are expressed in service units and frequency. A dollar value is assigned to the plan using the traditional service delivery system payment rates. This creates the total self-directed budget for which the participant can exercise employer and budget authority before finalizing and submitting to the FMS for execution.

Participants or their ~~authorized-designated~~ representative may request an adjustment to their budget amount at any time as per the Modified Service Funding Plan Request (MSFPR) policy. Participants or his/her ~~authorized-designated~~ representative notifies their CCS regarding a new need. MSFPR forms are completed to reflect the proposed service change which is then submitted to DDA Regional Office for review. If approved, the revised budget is submitted to the team and FMS.

The DDA will make ~~short-term~~ exceptions to the overall budget caps based on exceptional needs (e.g., family caregiver support needs, post hospitalization, short-term care needs).

~~Participant's~~ [Participants](#) have the right to request a Medicaid Fair Hearing when the request for a budget adjustment is denied or the amount is reduced as described in Appendix F.

- iv. **Participant Exercise of Budget Flexibility.** *Select one:*

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X	<b>Modifications to the participant directed budget must be preceded by a change in the service plan.</b>
O	<p><b>The participant has the authority to modify the services included in the participant directed budget without prior approval.</b></p> <p>Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:</p>

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The participant and his or her authorized-designated representative, with the support of the ~~ir~~ Coordinator of Community Service, Support Broker, and ~~the~~ FMS, will monitor funds spent on services and the projected spending for the fiscal year. The FMS will provide a monthly report to the participant and his or her authorized-designated representative, and Support Broker-with information related to expenditures and current balance.

The DDA will monitor: (1) the FMS for proper allocation of funding and services provided; and (2) the participant and his or her authorized-designated representative for possible over- and under-utilization of services.

The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis. When over- or under-utilization is “flagged”, the Coordinator of Community Services, Support Broker, or his/her FMS contacts the participant and his or her authorized-designated representative to assess the reasons for over- or under-utilization and whether technical assistance, further training, or changes in the plan and budget, such as a reprioritization of services, are required.

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